

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 560883

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		1				
6		1				
7		1				
8		1				
9		1				
10		3				
11		1				
12		2				
13		1				
14		2				
15		2				
16		1				
17		1				
18		2				
19		4				
20		1				
21		1				
22		1				
23		1				
24		2				
25		2				
26		2				
27		2				
28	1					
29		1				
30		1				
31	1					
32		1				
33		1				
34	1					
35	1					
36	1					
37	1					
38	1					
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45	1					
46	1					
47	1					
48		1				
49	1					
50		1				
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	56	←		←		←
TOTAL CLAIMS	62					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						